POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		11	2/1
FORMALITY REVIEW	MD	JC 955	02/22/01
RESPONSE FORMALITY REVIEW	55	573	05-30-01

INDEX OF CLAIMS

✔ .... Rejected	N .... Non-elected
= .... Allowed	I .... Interference
— (Through numeral)... Canceled	A .... Appeal
÷ .... Restricted	O .... Objected

Claim		Date									
Final	Original	2 19 02	8 14 02	6 9 03	11 03						
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Claim		Date
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If more than 150 claims or 10 actions
staple additional sheet here

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